

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County Butler Registration District No. 925
 Township Ash Hills Primary Registration District No. 5734C
 City Abbeville (No.) St. Ward

15922

File No.
 Registered No. 48

2. FULL NAME

Mary E. Abbeville

(a) Residence, No. St. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) HUSBAND-OF (OR) WIFE OF James Abbeville

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 8, 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 3 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cloontarf, Ireland

13. NAME Jeff Bingham

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) James Abbeville, Ash Hills, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ash Hills DATE 5/27/34

19. UNDERTAKER (ADDRESS) Thibou, F. Ballin, Ash Hills, Mo.

20. FILED June 1, 1934 Floya Parker Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-26-1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 .
 I last saw h. alive on , 19 . Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

Strangulation by hanging
Self inflicted
 Other contributory causes of importance: 16.5

Date of onset	<u>5-26-34</u>
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Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? suicide Date of injury 5-26, 1934
 Where did injury occur? Home (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Rope noose around neck
 Nature of injury Strangulation

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify
 (Signed) Richard B. Smith, M. D.
 (Address) Poplar Bluff

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 20 1934

